

REQUIRED FOR APPLICATION A APPROVAL
Genetics, Livestock Equipment, Hay Storage, Livestock Feed Storage, Grain Storage

SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
 - 2) Joint account (two or more individuals)
 - 3) Custodian account of a minor
 - 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
 - 5) Sole proprietorship (using a social security number for the taxpayer ID)
 - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
OR Limited Liability Company (LLC) formed as a Disregarded Entity
 - 7) A valid trust, estate, or pension trust
 - 8) Corporation **OR** Limited Liability Company (LLC) formed as a Corporation
 - 9) Association, club, religious, charitable, educational, or other non-profit organization
(for entities that are exempt from federal tax, use category 13 below)
 - 10) Partnership **OR** Limited Liability Company (LLC) formed as a Partnership
 - 11) A broker or registered nominee
 - 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
 - 13) Government Agencies and organizations which are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
-

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.**

_____ - _____ - _____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

_____ - _____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____



Genetics - Livestock Equipment Hay Storage - Livestock Feed Storage - Grain Storage 2013 Cost Share Application – Application A	Office Use Only Date Received

1. APPLICANT INFORMATION

Taxpayer ID Information List only one number		Social Security Number (XXX-XX-XXXX)		or	Federal Tax ID# (XX-XXXXXXX)		
Last Name		First Name		Middle Name		Title	Suffix
						<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS	<input type="checkbox"/> JR <input type="checkbox"/> SR
Address Type	Street	City	ST	Zip Code	County		
Mailing			TN				
Residential			TN				
Home Phone		Cell Phone		E-mail			
I would like to receive TAEP updates and information by text using my cell phone number.						<input type="checkbox"/> No <input type="checkbox"/> Yes	

2. FARM/PREMISES INFORMATION

Farm Street Address		Farm City		ST	Zip Code	Farm County
				TN		
Premises Account #		Premises ID #		Property Ownership	<input type="checkbox"/> Lease <input type="checkbox"/> Owned - Applicant/Family	
<ul style="list-style-type: none"> ❖ TDA Premises Registration is required if applicant has livestock on their operation. ❖ Applicant name must match contact name (primary or alternate) listed on premises account to be eligible. ❖ Farm address must match address registered for Premises ID # listed. ❖ If applicant does not have livestock on their operation, list farm address and indicate property ownership only. 						

3. APPLICANT CERTIFICATIONS/PERMITS

Certification/permits must be completed by the applicant. No substitutions are allowed.

BEEF CATTLE PRODUCERS

Tennessee Beef Quality Assurance (BQA) – Required	BQA Certification #:	
	BQA Expiration Date:	
UT Master Beef Producer (MBP) – Required for 50%	Completed MBP Course?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Plan to attend MBP?	<input type="checkbox"/> No <input type="checkbox"/> Yes

DAIRY CATTLE PRODUCERS

Tennessee Beef Quality Assurance (BQA) – Required	BQA Certification #:	
	BQA Expiration Date:	
TDA Dairy Permit # – Required to be eligible as a dairy	TDA Dairy Permit #:	
UT Quality Milk Program (TQMI) – Required for 50%	Completed TQMI Course?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Plan to attend TQMI?	<input type="checkbox"/> No <input type="checkbox"/> Yes

GOAT/SHEEP PRODUCERS

UT Master Meat Goat Producer (MMGP) – Required for 50%	Completed MMGP Course?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Plan to attend MMGP?	<input type="checkbox"/> No <input type="checkbox"/> Yes
TDA Dairy Permit # – Required to be eligible as a dairy	TDA Dairy Permit #:	

SWINE PRODUCERS

Pork Quality Assurance Plus (PQA) – Required	PQA Certification #:	
	PQA Expiration Date:	



4. LIVESTOCK AND ACREAGE INFORMATION**Head of Livestock = maximum number of single type, regardless of sex or age, at one time during the last 12 months.**

Check Livestock Type	List # of Head	Check Livestock Type	List # of Head	Check Acreage Type	List # of Acres
<input type="checkbox"/> Cattle - Beef		<input type="checkbox"/> Poultry - Broilers		<input type="checkbox"/> Hay	
<input type="checkbox"/> Cattle - Dairy - Milk producer		<input type="checkbox"/> Poultry - Layers		<input type="checkbox"/> Corn	
<input type="checkbox"/> Cattle - Dairy - Heifer replacement		<input type="checkbox"/> Sheep - Meat		<input type="checkbox"/> Soybeans	
<input type="checkbox"/> Goats - Meat		<input type="checkbox"/> Sheep - Dairy		<input type="checkbox"/> Wheat	
<input type="checkbox"/> Goats - Dairy		<input type="checkbox"/> Swine		<input type="checkbox"/> Other	

5. COST SHARE REQUEST SUMMARY

- ✓ Indicate your cost share request by checking "Yes" or "No" for each program.
- ✓ Rank the programs checked "Yes" by importance for your operation in 2013.
- ✓ Show the rank by circling the number: 1=first priority, 2=second priority, 3=third priority.
- ✓ Applicants can apply for no more than three cost share requests.

Program	Check Request		Priority Rank	Additional Information	Office Use Only
Genetics \$1,200 Maximum	<input type="checkbox"/> No	<input type="checkbox"/> Yes	1 2 3	• Maximum reimbursement for Goats/Sheep genetics is \$350	<input type="checkbox"/> A <input type="checkbox"/> D
Livestock Equipment \$3,500 Maximum	<input type="checkbox"/> No	<input type="checkbox"/> Yes	1 2 3	• Approvals will be allocated maximum amount	<input type="checkbox"/> A <input type="checkbox"/> D
Applicants who received a Hay Storage approval in 2012 are NOT ELIGIBLE to apply for Hay Storage funds in 2013.					
Hay Storage \$7,500 Maximum	<input type="checkbox"/> No	<input type="checkbox"/> Yes	1 2 3	• Approvals will be allocated maximum amount • Reimbursements for Hay Storage will be based on actual invoice costs up to maximum per square foot • Reimbursements for Livestock Feed Storage and Grain Storage will be based on actual invoice costs up to maximum	<input type="checkbox"/> A <input type="checkbox"/> D
Livestock Feed Storage \$10,000 Maximum	<input type="checkbox"/> No	<input type="checkbox"/> Yes	1 2 3		<input type="checkbox"/> A <input type="checkbox"/> D
Grain Storage \$15,000 Maximum	<input type="checkbox"/> No	<input type="checkbox"/> Yes	1 2 3		<input type="checkbox"/> A <input type="checkbox"/> D

6. APPLICANT AGREEMENT

- I certify that I am a citizen of the United States of America and/or lawfully present in the United States.
- I certify that I am a resident of Tennessee and that I am at least 18 years old on application date.
- I have reviewed and understand all of the guidelines listed in this application booklet.
- I understand that it is my responsibility to ensure that my project is eligible and meets all TAEP criteria.
- I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.
- I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.
- I also understand that failure to utilize allocated funds can affect eligibility for future programs.

Print Applicant Name

Date

Applicant Signature

7. HOW TO SUBMIT "APPLICATION A"

- ☐ Review each section of application for completeness.
- ☐ Fill in all blanks and check appropriate boxes where requested.
- ☐ Attach Substitute W-9 form (page 14).
- ☐ NO FAXES OR EMAILS ACCEPTED - Applications are only accepted by mail or hand delivery.

Mail to:
TN Dept. of Agriculture
Attn: TAEP FY2013-A
P.O. 40627
Nashville, TN 37204

Printed applications must be postmarked June 1 – 7, 2013 or hand delivered June 3 – 7, 2013.
Applicant will be notified in writing of approval or denial of application. Allow 10 weeks for processing.